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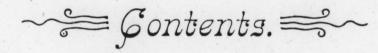
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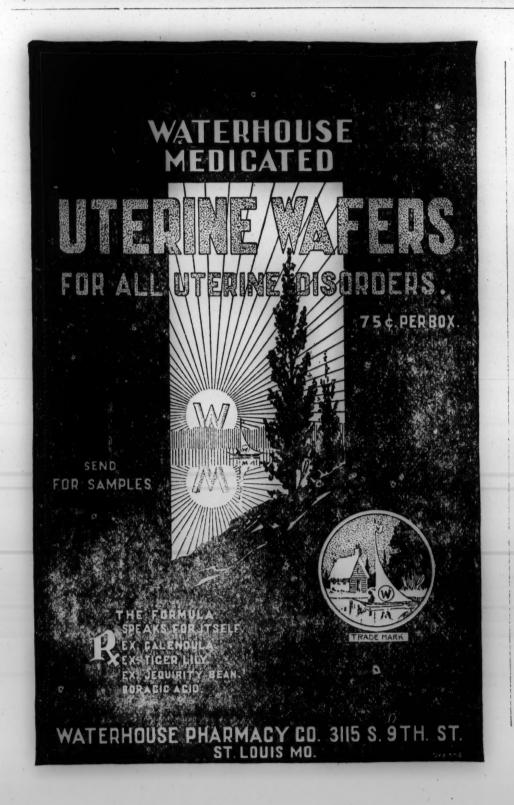
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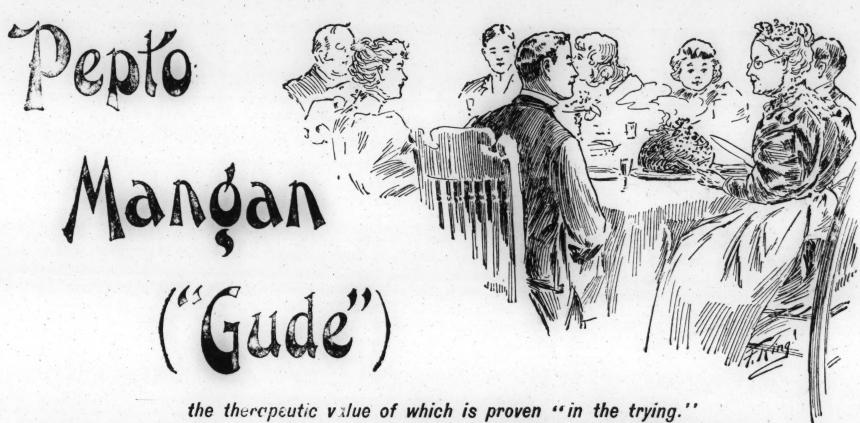
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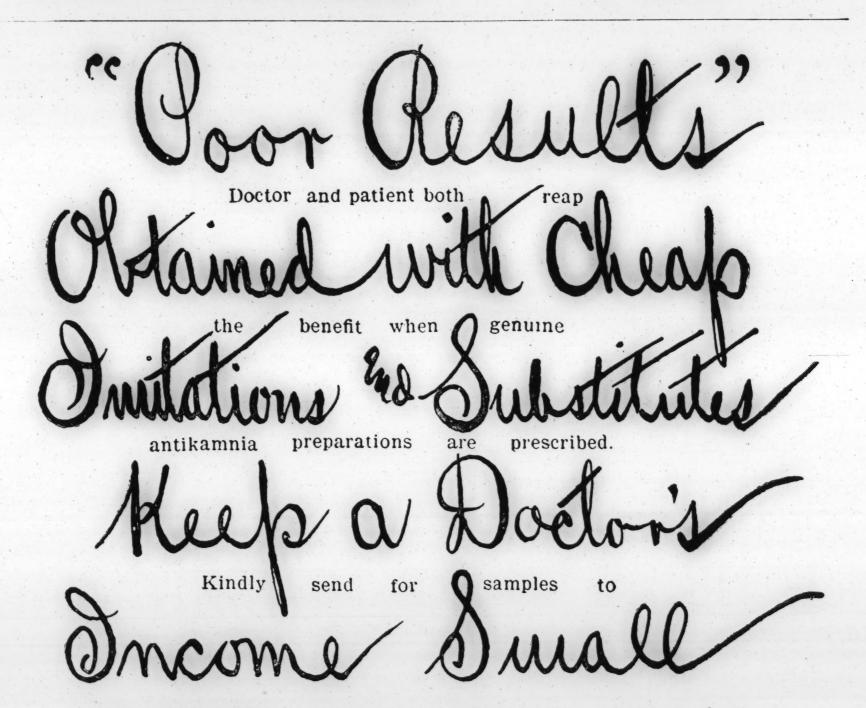
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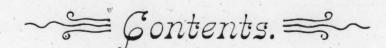
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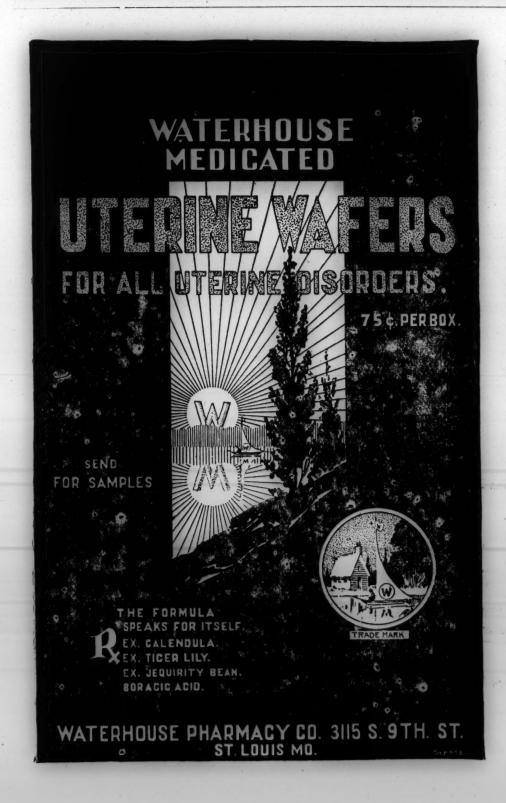
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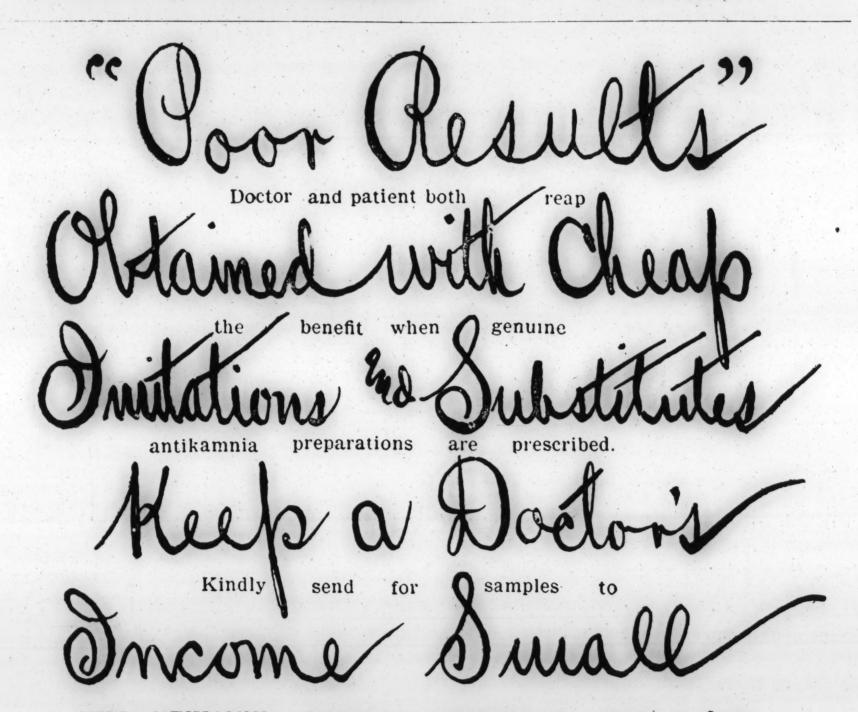
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CALIFORNIA MEDICAL JOURNAL.

Vol. xxIII.

MAY, 1902.

No. 5.

How to Facilitate Labor.

W. C. SHIPLEY, M. D., HODSON, CAL.

THE act of labor criginally intended by Nature to be of a physiological process has, by the influence of modern civilization, or some other factor (?), assumed in a majority of cases a pathological character, and it should be the aim of the accoucheur to give all the aid possible so as to minimize the suffering and time occupied in the expulsion of the fœtus and secundines. Long tedious labor exhausts a woman and retards convalescence as well as exposes the patient to complications; while on the other hand if labor is rapidly and skillfully carried on there would be no damage to the soft parts, and recovery will be sooner and with better health than when allowed to suffer it out unaided.

The time usually required for normal (?) labor, according to the books, is from six to twenty-four hours, and in some cases longer; but by a little well directed effort upon the part of the physician it can be reduced to from three to six hours, and in some cases even less.

PREPARATORY TREATMENT.

In a majority of cases the physician

is engaged several months prior to the expected confinement, and during this period much can be accomplished to mitigate the suffering and facilitate the act of labor when it supervenes.

The patient's general health should be carefully watched, from week to week, the dier should be regulated, and baths, massage of the abdomen and groins with olive oil, and out door exercise insisted upon.

The following prescription given for the last two or three months of gestation also greatly improves the condition and general health of the patient by regulating the circulation and innervation of the pulvic organs, thus giving tone, so that when labor comes on it progresses with greater rapidity than when no treatment is given.

This prescription will also greatly relieve and often cure these distressing phenomena, i. e., morning sickness, nervousness and the tendency of some, to abort during the early months of pregnancy. This calls to mind a case now under observation that has progressed well into the seventh month of gestation without any untoward symptoms, after having one or two miscarriages every year for the past eight years.

When labor set in it is well for the physician to be on hand early, for then is the time to act, if assistance is to be rendered toward reducing the time occupied and alleviating the suffering.

If, after an hour, little progress has been made and the indications point to a long tedious and painful labor, it is then time to step in and assist nature. A few ten drop doses of cimicifuga or gossypium every ten minutes may be all that is necessary "to set the traveler in his way;" but manual dilatation of the os and early rupture of the membranes constitute the safest and surest means to expedite the act of labor.

Manual dilatation is accomplished by inserting the first and second fingers, sterilized and lubricated, well into the os till they come in contact with the membrane upon the head, and then in the presence of a pain gradually separate them and with a slight rotary motion make gentle but steady traction, and with the other hand upon the abdomen producing pressure upon the fundus uteri.

Sometimes it will only be possible to insert the index finger, but by following the same plan it will only require a few minutes to produce sufficient dilatation to admit of the introduction of the second finger.

This process will produce a rapid dilation without danger of laceration of the cervix. and pressure can at the same time be brought to bear upon the coccyx and perineum.

If the pains are weak or entirely absent this procedure will restore them to their normal tone and efficiency.

As soon as the bag of waters has formed the membrane should be ruptured; it may also be well to raise the head by gentle pressure to allow any amniotic fluid within the uterus to slowly escape, as this reduction of the bulk of the uterine contents allows the muscular fibers to contract with more telling effect upon the child.

When the head has advanced into the pelvis till the skin commences to wrinkle, which is about the time it engages the pubic arch, a ten grain dose of quinine will give such tone to the uterus that the contractions come in rapid succession and with intense force. The administration of chloroform at this time in sufficient quantity to just take the sharp edge off the pains is a great aid, as will be the injection of olive oil about the presenting parts with a long, flexible silver piped syringe, which should always be a part of an obtetrical outfit.

Here again manual manipulation plays an important role, for pressure upon the perineum during a pain can be made which allows of a much more rapid advancement of the head and hastens its passage from under the pubic arch.

When the head has arrived at the

vulva cleft and the anus has dilated from pressure it is well to pass two fingers into the rectum and press the palm against the bulging perineum, thus affording support, preventing rupture and at the same time direct the passage of the head.

It may be necessary to pass the fingers high enough to engage the chin and make traction in a downward and forward direction at the same time separating the distended labia with the thumb and index finger of the other hand, to quickly complete the delivery of the head.

After the head is born, external restitution may be performed and immediate delivery of the body accomplished in less time than it takes to tell it. The cord should be tied but once, except in cases of multiple pregnancy. By allowing the blood to escape from the placenta its bulk is reduced and its separation from the uterine wall

hastened, if it has not already taken place. The delivery of the secundines can be accomplished in from five to ten minutes after the birth of the child by placing one hand over the uterus and massaging it with a downward pressure, at the same time making steady traction on the cord. A hot douche of a normal salt solution, or a drachm of lysol to the quart of water affords great comfort, and cleanses the birth canal. This mode of delivery affords little chance for post partum hemorrhage as the uterus contracts at once, expelling all clots and thus preventing after pains.

Bandaging is unnecessary, unless the patient demands it, but the napkins should be changed frequently and douches used for several days.

[The author's opinions are exactly opposite to those expressed by Dr. Hawkes in March Journal. We invite further discussion.—Ed.]

Carduus Marianus and Other Things.

G. W. HARVEY, M. D., WATSONVILLE, CAL.

CARDUUS is one of the most marvelous remedies in our whole
materia medica and I am patiently
waiting the time when it will be placed
among our specific medicines and
given the prominence that it deserves.
It is the remedy par excellence in certain chronic diseases of the liver and
spleen, and the indications for its exhibition are so plain that any student

can prescribe it with the utmost certainty.

Given a case where there is venous stasis, with the true veins enlarged and clogged with blood and you have a positive indication for this remedy, no matter what the other symptoms may be. The veins may be either small or large, it acts just as positively. I cured one case where the veins from

the hips to the toes were as large and hard as twisted inch Manilla rope. You could feel them on the limbs through all the clothing anywhere like so many cords.

A little more than six months ago a gentleman came to me for some medicine to stop the pain in a tumor. Upon examination I found the tumor to be varicose in origin. It occupied a position partly within and partly above the popliteal space and was about four inches long by three wide and at least two deep. It was simply immense for that kind of tumor. Aside from this I noticed numerous light colored spleen spots upon the neck and hands; also that he had a troublesome chronic cough and was expectorating large quantities of offensive matter, in appearance much like the over-ripe purulent material from a large boil.

I have learned to associate this kind of a cough with spleen wrongs, especially if light colored spots are observed upon the hands and neck, or if there is a long continued soreness and tenderness of the joints of the feet.

Lold this gentleman that I could that "one dose ager cure."

not only give him relief but that if he would continue my treatment for a made his errand known sh year I had hopes of curing him.

that "one dose ager cure."

The old lady was in, as made his errand known sh right, honey, I'll soon cure.

He laughed, and said: "Well, I have been to more than one hundred doctors, not excepting the famous Orientals, and have been bled for fees from \$800 down to one without any permanent benefit and I hardly expect to be cured now."

I said nothing more but prepared the medicine wanted, and impressed the fact upon his mind that in order to derive lasting benefit he should take it for not less than one month, and to make a long story short, he is taking it yet. At this writing the tumor has so far disappeared that it is a mere swelling of the skin; the cough is all but gone, while the spleen spots have long since disappeared. In short, he is almost a well man, having taken a new lease on life and enjoys living.

Carduus should be given for a long time, as it acts slowly. The dose is three to five drops three times a day, and may be given in combination with any of our specifics that may be indicated.

Aranea Vivus—Recently a friend of mine was telling me how an old darky woman cured him of chills and fever. He had exhausted the skill of all the doctors, and taken quinine enough to bitter Lake Superior without benefit. The old darky had told him all along that she could cure him if he would take just one dose of her medicine, and after his expensive experience with the doctors he was willing to try it, and accordingly went to her cabin after that "one dose ager cure."

The old lady was in, and when he made his errand known she said: "All right, honey, I'll soon cure yo ob dat ager. Sit right down in dis chair and open yo mouf wide, shut yo eyes tight, and swallow when I tells yo."

He obeyed instructions and soon found himself swallowing a hot, scratchy something that made him think of the Irishman's "straddle-cumbug," and he never has had any sort of ague from that day to this.

When he found himself really cured he went back to the old darky to find out what she had given him. The old wench laughed in high glee: "Didn't I tell yo, honey, dat I cure dat ager?" and straightway produced a pasteboard pill box with about a dozen small shiny black spiders specked with red, crawling about in it as lively as you please; "Dats de medicine, honey, what cures de ager, and I alus gives em alive so dat da ken ketch dem ager bugs and stop de shakes."

Porus plaster - The patient mentioned above under Carduus told me that he had worn a porus plaster over his varicose tumor for months at a time and had had great comfort from it. Another gentleman who had a very large rupture broke his truss one day, and not being where he could get another bethought himself to try I porus plaster for support, and it worked so well that he has never worn a truss since.

Oil of Peppermint-A gentleman so badly scalded in a steam vat that the doctors declared could not live, recovered perfectly without scars under the use of oil of peppermint alone. He was wrapped in a sheet and it was kept saturated with the pure oil until perfect recovery took place. In twenty minutes after the oil was applied there was complete relief from pain and the patient made a rapid and remarkable recovery. The gentleman who told me this and who witnessed this cure years ago in York State, always keeps a bottle of pepperment oil in the house for burns, and he declares that there is nothing like it.

Three Useful Preparations,

WM. COLLINS HATCH, M. D., NEW SHARON, ME.

N his professional life, every practherapeutic agents which, from their great utility, become favorites with him. Such remedies may represent the curative properties of a single drug, or, as is often the case, a judicious combination of several agents. Those which I propose to consider under the foregoing title belong to the latter class, and I will first mention an admirable preparation which enjoys a wide reputation under the name of NEUTRALIZING CORDIAL.

The formula I use is Prof. F. J. titioner of medicine finds certain Locke's modification of that given in the earlier editions of King's American Dispensatory. Whenever practicable the physician should compound this and the other medicines here mentioned, or have it done under his personal supervision. He is then sure of reliable preparations. I go a little further, and have the herb peppermint gathered for me at the right season, and when properly cured have the leaves stripped from the stalk, and a have never been able to purchase at any drug store a sample equal to that of my own gathering. It is a siving of time to make this cordial in much larger quantity than is given in the formula, which is as follows:

Rhubarb root, in coarse powder, Peppemint herb,

Potassium Bi-Carbonate, aa. Ziij. The first two articles are placed in a bag made of stout bleached factory cloth in which the drugs lie loosely. Place the bag in a suitable receptacle and pour over it two quarts of boiling water. Cover the vessel and let it stand for two hours, in a warm place. Transfer the bag and its contents to a colander and filter through it the liquid in which it has macerated adding enough hot water to make the filtrate measure two quarts. While still warm, add two pounds of sugar, and when nearly cold the bi-carbonate of potash. After the potash has dissolved, which is hastened by constant stirring, add one pint of diluted alcohol and half an ounce of essence of peppermint, then strain through flannel and bottle for use.

The dose of the cordial is from one teaspoonful to a tablespoonful, prefer- anemia, acid solution of iron will inably in a little cold water. This is Prof. Locke's favorite cleansing remedy, and his treatment for undue acidity of the prima facie. It is a very common occurence to meet cases where the whole train of symptoms are traceable to this acid condition, indicated by the pale flabby tongue, covered with a white pasty coat. There may also be acid eructations, vomiting of sour, bitter secretions, burning heat in the epigastric region, with a long train of

minor symptoms, that rapidly disappear under the use of this valuable alkaline stomachic and laxative. Neutralizing cordial is likewise useful in the treatment of many cases of diarrhea and dysentery, where the malady is caused or aggravated by the unduly acid condition of the stomach and bowels. It forms an excellent vehicle for the exhibition of various other medicinal agents, such as hydrastis, podophillum, chionanthus, etc.

HOWE'S ACID SOLUTION OF IRON.

"Acid solution of iron," says its originator, the late Prof. A. Jackson Howe, "is an 'alterative' and may be administered to scrofulous, syphilitic, and cancerous subjects."

In alternation with Fowler's solution of arsenic it is given in the early stages of phthisis, in constitutional syphilis, and ordinary dyspepsia. It is the only preparation of iron that does not produce fever and dryness of the fauces. The ordinary muriated tincture of iron is not its substitute in any form of disease. It may be prescribed with safety in any grade of febrile action, with the effect of lessening it. In states of crease the corpuscles of the blood, both white and red; and it will produce an increase of flesh in wasting diseases. It increases the appetite very decidedly, and assists digestion and assimilation. It may be given. whenever the patient is pale, anemic, and greatly debilitated.

Prof. H. W. Felter says: "Acid solution of iron will continue in favor with the eclectic profession as the one preferred preparation to be employed

whenever a chalybeate tonic and alterative is desired. It is especially servisable where there is great debility in chronic diseases accompanied with hectic fever. Acid iron internally and a small portion of carbolic acid and glycerine in a large amount of water applied locally as a wash has given me the best result in tibial ulceration due to varicosis. It is the best spring medicine I ever used, and for nasal catarrh I use it more than any other remedy, especially if the patient be anemic, and present cherry red mucous membranes and tongue. It has come to stay."

Dr. E. Gamble recommends this preparation as a cure for hematuria, and reports five cases in support of his claim in *The Eclectic Medical Gleaner*. Sometimes it was prescribed alone in 4 to 8 drop doses, and at other times in connection with eucalyptus.

Prof. Locke says: "Sulphate of iron is a good agent in hemorrhage, colliquative sweating, diabetes, chronic catarrh of the bladder, leucorrhea," etc. Howe's acid solution, it seems, should here fill all the requirements as a means of exhibiting this agent.

The originator states that sulphate of iron has, in strong solution, effected cures of diabetes, and may sometimes be successfully employed in dropsies arising from various causes.

The syrup of orange furnishes a pleasant and convenient vehicle for prescribing this valuable agent:

R

Howe's acid solution of iron. 3 i to 3 ij. Syrup of orange..q. s. ad. 3 iv. Sig.

A teaspoonful in a little water before meals and at bedtime.

I employ the formula as given by the originator in the appendix of his Operative Gynecology, in the preparation of this agent:

Mix the acid and water and then add the iron, and let it stand in a mortar for 48 hours, stirring occasionally with a glass rod. Filter and place in a glass stoppered bottle. It is desirable to have the bottle of amber glass and keep in a dark cool place.

JUNIPER POMADE.

The formula of this elegant preparation was also given to the profession by the late Prof. Howe, and though last it is by no means least in the list here Among its numerous enumerated. uses it is found to be a pretty sure cure for all forms of eczema or tetter. It allays the itching and destroys the vesicles and scales. The unguent may be used on all parts of the body, though sparingly on mucous surfaces. It is employed in the nasal cavities, applied with a camel's hair brush, to mitigate the symptoms of catarrh, to: arrest hay fever, to heal nasal ulcers to arrest ringing in the ears, and to improve states of deafness, depending upon thickening of the lining of the eustachian tubes. Juniper pomade softens the scaly patches on the face which are often epitheliomatous. It has proved an excellent dressing for tetter of the edges of the eyelids, which leads to wild hairs, and induration of the tarsal borders. The pomade is reliable in the treatment of sore nipples in nursing women; and it will cure chapped hands.

Tinea favosa, tinea tonsurans, and the varieties of porrogo, sycosis, and psoriasis have yielded satisfactorily to the healing qualities of this unguent.

In vulval, perineal, and anal pruritus, the ointment has proved the most comforting of topical applications. The physical properties of the agents are as elegant as are those of cold cream, and its curative properties superior to any officinal preparation of the kind. The formula for juniper pomade is as follows:

R Lard dehydrated 3 vi.
Paraffine. 3 v.
White wax. ... 3 i.
Oil of juniper berries f 3 iij.
Fowler's solution ... f 3 ii j M.

Melt the paraffine and the wax first, gradually adding the lard. Lastly add the oil and Fowler's solution, vigorously mixing with an egg-beater.

—Mass. Med. Journal.

Facts for the Use of Electricity.

BY H. C. BENNETT, M. D.

P.—POSITIVE pole for pain.
Electrolysis is chemical, galvanic only,

Cataphoresis is mechanical, galvanic and static.

Catalysis is physiological, galvanic, faradic, static.

Never use a bare metal electrode on the skin.

The faradic has a mechanical and catalytic action.

Mild currents only should be applied to sensitive parts.

The best method of irritation is by rapid change of polarity.

Use iodine preparations under negative pole in cataphorsis.

Use cocaine and alkaloids under positive pole in cataphoresis.

The galvanic is the only current having a chemical action.

Both currents and either pole have a great influence upon nutrition.

Do not make long exposures to the X-ray with tube close to patient.

Never leave a galvanic or faradic battery turned on or short-circuited.

The battery should be in a condition to run continually during treatment.

The electrodes should always be in position before the current is turned on.

Don't try experiments on patients. Try them first on yourself and see how it goes.

Either faradic or galvanic current will stimulate the circulation and improve nutrition.

Mild currents frequently repeated are preferable to strong currents at longer intervals.

The rheostat and milliampere meter should always be used with the galvanic current,

In internal local faradization the primary current acts with greater vigor than the secondary.

A bare metal electrode produces no sensation on the bare skin when using static electricity.

Remember that it is through the process of nutrition that the majority of chronic cases are cured.

Electricity is a faithful and good servant but a fickle and bad master. Learn to be the boss yourself.

The positive pole has a greater contracting power upon unstriped muscular fibers than the negative pole.

The static has physiological and catalytic action, also cataphoric, and the induced has a mechanical action.

Shocks should be avoided. Gradually increase and decrease the current, no matter which current is being used.

The galvanic current must be used where it is desired to produce electrolysis or any noticeable chemical effect.

The faradic current acts more markedly upon the muscular system and the galvanic current upon the nervous system.

Do not leave a static machine with the sliding rods touching (short circuit), but always separate them widely.

Conducting cords should be properly insulated. An uninsulated wire upon the flesh produces a painful, stinging sensation.

With the galvanic current the stabile application of the positive pole is the most effectual method of diminishing irritability.

Do not approach patient closely when on the insulated stool as sparks will jump from them and cause annoyance or fear.

The galvanic current operates more

powerfully by reflex action than the faradic on account of its continually flowing in one direction.

Poor connections of conducting cords and electrodes produce frequent shocks by breaking the current.

It is frequently advisable to combine or alternate the treatments of general faradization or central galvanization upon the same patient.

Electricity is a tonic of great efficacy and useful in a wide range of cases, sub-acute or chronic, where a stimulating or tonic effect is desired.

The galvanic has physiological and catalytic, also a cataphoric and chemical action, and the interrupted current is mechanical.

Never use a bare metal electrode on a mucous surface except to check hemorrhage to get the effect of metallic interstitial cataphoresis.

Frequent interruptions of the current or changes of polarity intensify the effect of the current and are often necessary to relax tense muscles, etc.

The static current is silent, continuous, in same direction, no shock, generated by induction, has low amperage and great voltage, no chemical action.

The static induced is interrupted, but flows in the same direction, but intermittently, is induced, has low amperage, high voltage, no chemical action.

In voluntary muscles, contractions are produced immediately upon applying current, and at the end of the treatment they return to their normal condition.

The primary coil gives more current of quantity and produces more violent muscular contractions, but lacks the penetrating power of the secondary current.

Galvanization of the sympathetic influences the vasomoter and trophic processes of the brain and spinal cord, the face, eyes, muscles, skin and many parts of the body.

The galvanic current will stimulate the absorbents more powerfully than the faradic current, and is the current to use in removing hypertrophies, morbid growths, effusions, etc.

Don't let female patients take static crown breeze with hats on or with wire or celluloid pins or combs in hair, as the wire is painful and the celluloid may explode and burn the hair.

It is frequently advisable, in addition to treating the diseased part itself, to apply the treatment of adjacent parts to act indirectly upon the circulation and nutrition of the diseased part.

If your battery or machine don't work, hunt for the trouble till you find it and see if it is not more your own fault than that of your apparatus. "If at first you don't succeed, try, try again."

The positive pole is acid, liberates oxygen, contracts blood-vessels decreases nutrition, coagulates albumen, corrodes metals, causes dry, white, hard scar, relieves pain and irritation.

The negative pole is alkaline, liberates hydrogen, dilates blood-vessels, increases nutrition, does not coagulate albumen or corrode metals, causes no scar, but a moist, red, soft condition, increases pain and irritation.

The galvanic current is constant, flowing in the same direction, and is silent, without shock, generated by chemical action, has high amperage or

current strength and low voltage or pressure, has chemical action.

The faradic current is alternated and interrupted, flowing in opposite directions, is noisy, gives shock, generated by induction, has high voltage or pressure and low amperage or current strength, has no chemical action.

The electro thermal bath is a very excellent method of applying farradization and may be used in any case where this treatment is to be given. The vapor bath of itself is frequently a valuable auxiliary to the electrical treatment.

Good results cannot be secured with a poor battery or improper methods of application. A faradic battery having a small coil of coarse wire produces a crude, harsh current lacking power of penetration and will invariably irritate a nervous patient.

In involuntary muscular fibers, as in the intestines, stomach, œsophagus, contractions are immediately started upon application of the circuit, but the movement when once induced will continue for a considerable time after cessation of the treatment.

The best method of lessening irritability with the faradic current is to begin with a very mild current, gradually increase it to the highest point that does not produce pain, and after holding in position for a few moments gradually reduce the strength of current,

It is not as important in using the faradic current that attention be paid to polarity, yet it is always advisable to use the positive for the active pole when a sedative effect is desired and the negative for the active pole when

a stimulating or irritating effect is desired.

Observations with a fluoroscope should be made only in a well darkened room. The operator will soon find that the same apparatus which gives only faint outlines, in broad daylight, will show every detail at night or in a dark room, after his eyes have become accustomed to the darkness

The secondary coil produces a greater sedative effect and is a current of greater tension and penetrating power, hence more applicable to nervous and deeply seated diseases than the primary current. The finer and longer the wire in the secondary coil, the greater power of penetration and sedation.

In chronic cases it is necessary occasionally to vary the treatment. Where general faradization has accomplished all that it will, general galvanization may produce still further results. Central or general galvanization may fail in a case where general faradization would produce results and effect a cure.

Electricity sets in motion forces that continue to act for hours and even days after treatment, hence treatment should not be given too frequently. Nervous diseases in particular may be aggravated by too frequent treatments. Ordinary chronic cases require three or four treatments weekly. Acute or sub-acute cases may require daily treatment. Nothing will be gained by treating cases more than once daily.

There is scarcely a chronic disease treated with electricity where we cannot trace at least part of the good results of nutrition. In the treatment of almost any chronic disease always remember that electricity properly applied will stimulate the circulation, and that the increased flow of blood will bring an increased amount of nutrition; that the contractions of muscular tissue produces the same effect as massage or gentle exercise; that nutrition may be effected through a chemical process; that the process of waste and repair may be promoted, and that the nutrition of the entire system may be improved through reflex action as well as by the direct effect of treatment, securing a constitutional, tonic, stimulating effect.— The Electro-Therapist.

Conduct of the Physician in the Sick-Room,

A. W. REESE, A.M., M.D., WARRENSBURG, MO.

THE arena for the exercise of medical talents is at the bedside of the sick. The clinical field is the supreme test wherein the physician is "weighed in the balance," and thrice blessed is he who, emerging from this ordeal, is not "found wanting," It is here that practical knowledge is the only sort of education that is of any value. It is

here that tact, judgment and therapeutic skill are what is most needed. A man may be ever so learned in the literature of the profession, he may have mastered all its fundamental principles, he may even sit in the honored chair of a professor, his head may be "chock full" of the beautiful theories upon which science is largely

built, and yet he may lack the essential qualifications of the successful practitioner of the "healing art."

It takes a good many qualities to make a skillful and successful physician. Chief among these is good, sound, hard common sense. This is the chief "corner-stone" upon which a medical reputation must be built. There is not so much difference between educated physicians, in this day and age, as the general public is often led to suppose. So far as actual knowledge of the principles of the science of medicine is concerned, it would be hard to discriminate between the reputable members of the profession.

While a medical college may have the full power to confer the degree of M.D., upon its students, it certainly cannot supply them with the native talent, tact, judgment and skill that are so essential to professional success. But, taking it for granted that he is in possession of the medical learning and native talent required to establish his reputation with the profession, as well as with the general public, the question arises, what are his duties and how shall he conduct himself in the Upon the very threshold of this investigation we would reply that, in addition to the qualifications already named, he must be a gentleman.

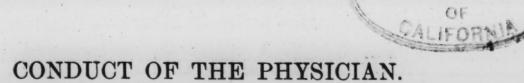
The physician who possesses this noble quality is, upon the very outset of his professional career, far advanced along the shining highway of success. The man who is not by nature a true gentleman, with all that the word implies, is no business in the ranks of the

profession. The physician should be a man of hopeful temperament, and of a cheerful disposition. These qualities are of inestimable value in the sickroom. A pleasant smile, a word of encouragement, will often do his patient more good than a legion of pills. The physician must be dignified in his manners. A doctor who is a clown or a "hail fellow! well met!" with everybody Thomas, Richard and Henry, never secures the respect of the public, and but seldom has the confidence of his patient.

The physician should never forget the fact that "there is a divinity that doth hedge a king." In his relations to the sick the doctor must be a man of authority. His opinion and his word must be law. He must be an autocrat. He must be positive and firm in his administration. He should under no circumstances whatever be influenced in his therapeutic measures by the suggestions of laymen, whatever of general intelligence these persons may possess. Every physician in his daily work often meets these "smart Alecks," who, with a very little smattering of medical knowledge, are ready to thrust themselves into the conflict with all the brass and assurance this class invariably possess,

"Fools rush in where angels fear tread."

The physician must promptly and unhesitatingly sit down on all these fellows. If he deliberates he is lost. If he adopts any therapeutic measure offered by this class and the patient recover, then the lay prescription gets the credit, and the faithful physician, who has so nobly "borne the heat and



burden of the day," is relegated to the "tomb of the Capulets." He gets no thanks, and is often grudgingly paid, if paid at all. Beware of this rock upon which untold thousands have been wrecked.

The physician should waste no time in the sick-room explaining his treatment to the patient or to his friends. He should never divulge the nature of his remedies. The less the patient knows about the e the better. The whole secret of homeopthy in its popular success, is in its mystery. In this respect truly the disciples of Hahnemann are "wiser than the children of light." Explanations can do no good, and very often do exceeding harm.

The physician, above all others, should be a man of great prudence. He should be very careful not to repeat what he sees or hears in the sick-room. The first thing a medical student ought to learn is to keep his mouth shut!! The physician should never be a gossip. The confidences reposed in a physician are sacred. The doctor who forgets this and allows himself to be indiscreet in his conversation may set a whole community together by the ears. Policy, if no higher motive, should prevent this.

Where female patients are concerned great caution and circumspection are in demand. The physician should be delicate and modest in all his relations to them. Private interviews should be avoided as much as possible. Anesthetics should never be administered to a woman without the presence of a witness. Some damage suits might have been prevented and a few lives

saved had this precaution always been strictly observed.

In obstetric practice the physician is admitted to the closest and most sacred professional relations with the patient. He has here the opportunity of securing her unbounded confidence, gratitude and respect. A woman is far more grateful to the physician who affords her relief in sickness than any man ever is or can be. Hence the physician is very short-sighted indeed who does not make his female patients his everlasting friends. A good woman is the noblest work of God, and is the doctor's best friend.

The lying-in chamber differs in many respects from other sick-rooms. It is often a scene of pleasantry rather than otherwise. This is especially the case in the "rural districts." The country doctor not infrequently meets in the parturient chamber a lot of nice old ladies—neighbors of relatives of the patient—who are sometimes led to indulge in rather questionable jokes at the expense of the "sick" woman with a view to "jolly her up," and to prevent her getting "low-spirited."

Now, right here comes in a great temptation to the doctor, more especially if he be of a humorous turn of mind, to "chip in" and join the dear old ladies in their fun. But, doctor, don't you do it, if you value your future practice in this line. Let the good old ladies "crack their jokes;" it is their privilege on occasions like this, but it will not do for the doctor to indulge in this questionable sport.

Some timid young wife, modest and shy, approaching maternity may hear of the doctor's "joke," and it will create disgust in her mind, and except in dire necessity she will refuse to have the witty (?) doctor at her bedside in the hour when she is to become a mother.

The doctor should be neat and clean in his person. This is essential in the sick-room. Patients have delicate sensibilities and acute perceptions. A doctor coming into their presence smelling loudly of whisky or tobacco is an "object lesson" not likely to be soothing to their nerves. The doctor's breath should be odorless, likewise his body, the latter being procured by means of daily baths in pure water and the use of pure soap.

Avoid perfumery. It is disagreeable to the sick as well as to some other people not requiring the services of a doctor.

The physician should be neat in his dress. This makes a good impression, not only on the sick, but on all other people of refined and cultured tastes. The doctors's linen should always be immaculate in its purity. A doctor who is careless or "dowdy" in this respect cannot fail to make a bad impression in the sick-room and everywhere else. Nothing is more becoming to a physician or more professional than a neatly-fitting suit of black, made of the best material in the shop. Such a costume fills every demand, and is suitable for any and all occasions.

In all clinical examinations of women the utmost respect for female modesty should be strictly observed. No exposures of the person should be made except such as are absolutely and imperatively demanded in the interests of science in order to arrive at a correct diagnosis of the case. The physician who pursues this wise and judicious course will have no difficulty in securing any sort of clinical examination he may require, even from the most fastidious and modest woman.

When the physician has made out a correct diagnosis, written his prescription, given the necessary instructions to the attendants and nurses, has seen that proper ventilation of the invalid chamber is secured, has given orders as to the patient's diet, and such other minor details as may suggest themselves to his mind, his duty in the sick-room is at an end.—St. Louis Hospital Bulletin.

"I don't like your heart action," the doctor said, applying the stethoscope again. "You have had some trouble with angina pectoris."

"You are partly right, doctor," sheepishly answered the young man, "Only that ain't her name."

SUMMER ARITHMETIC.

Teacher—"If four boys have twenty peaches and thirty apples each, what will each have?"

Bright Boy—"Chol'rer morbus!"—
Philadelphia Press.

Keep on the lookout for heart weakness after protracted fevers, especially in children. They are very likely to appear if there is any rheumatic complication.

Indigestion, ACID FERMENTATION



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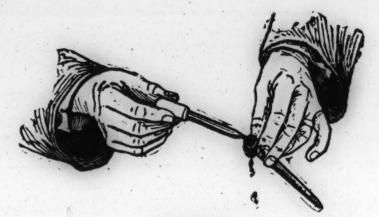
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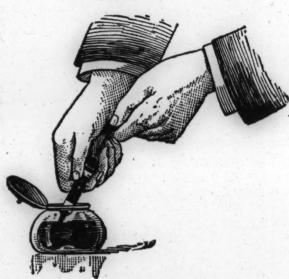
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Published Monthly.

\$1.50 Per Year, in Advance

Edited by H. Bosworth Crocker, M. D.

21 Powell St., San Francisco.

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Editorial Rotes.

Don't forget the meeting of the State Society, May 27-8-9, in College Hall, 1422 Folsom Street. Come at ten o'clock in the morning of the first day and attend every session. Don't stay away because you are not a member. You are welcome to come and bring your frien's, and if you can take part in the discussion of the papers you will have done something for yourself and others. If you are an ambitious member, come and do a little politics. At any rate, do something, or you'll forget how,

Dr. M. V. Higgins, '01, of Cherokee, was in the city recently purchasing instruments and other supplies.

State Society.

The following committees have been appointed:

Committee of Arrangements—

Drs. J. R. Goodale, Chairman, Oakland; F. Cornwall, S. F.; P. F. Bullington, Oroville; G. W. Stout, Ukich; H. B. Crocker, S. F.

Committee on Entertainment—

Drs. D. Maclean, Chairman, S. F; L. A. Perce, Long Beach; J. F. Farrar, Berkeley; R. W. Musgrave, Hanford; J. C. Bainbridge, Santa Barbara.

Committee on Necrology—

Drs. Chas. Mealand, Sacramento; J. B. Mitchell, S. F.

> F. G. Fay, President, B. Stetson, Sec.

The members of the new Board of Health appointed by the Mayor are not sure yet whether they are "the real thing" or not. The gentlemen comprising the "Bubonic Board" were removed for cause but they object to their removal and have secured an injunction which interferes with their successors. It would seem to us that they should be satisfied with their work even though it was "coarse," to use a slang expressi n. We are pleased to note that one of the members of the new board is Dr. M. E. Van Meter, '89, who was formerly one of the college faculty, and a man who has attained some degree of prominence as a surgeon.

The San Francisco County Society of Physicians and Surgeons meets on alternate Wednesday evenings in the rooms of Drs Gere & Hamilton. Several interesting papers have been discussed at recent meetings, and a cordial invitation is extended to all eclectics to be present, whether residents of this city or not.

The proposition to increase the tax levy to \$1.07½, the additional cents being calculated to be sufficient for the erection of a modern County Hospital, will doubtless receive the indorsement of all local allopathic physicians, but the idea of "taxation without representation" does not appeal to us. This city must have a larger hospital, but to tax the people for the establishment of an institution, the clinical advantages of which are controlled (illegally) by one faction, is wrong. The people have become edu-

cated sufficiently to know that there are different systems of practice, and even though they be objects of charity, they have a right to choose. Homeopathy and eclecticism have come to stay. Their worth has been proven in the competition of general practice. We wonder if our "regular" friends are afraid to allow a comparison of hospital ward records?

Dr. E. H. Pratt, of Chicago, has been visiting in the city, and addressed our students. Prof. Pratt is a member of the Hahnemann College faculty, and probably the most widely known orificial surgeon in this county. For some years he has edited the "Journal of Orificial Surgery" but failing health has forced him to discontinue its publication. Dr. Pratt's clinical course to practitioners, which has been given every summer for several years has been largely attended, and though the claims of the orificial surgeons are ridiculously extravagant in many instances, yet the enthusiasm of Dr. Pratt has been a great factor in drawing the attention of all physicians to the previously much neglected rectum. We believe many sufferers wish that their's might have continued to be neglected.

Dr. P. L. Hamilton, '96, brought a patient down from Chico for operation recently. He paid us a pleasant visit, and the report of prosperity which he gave is extremely gratifying.

Dr. F. N. Folsom, '96, has disposed of his business in Meridian, and is now looking for a better, or at least, a drier location. The recent break in

the levee at Meridian flooded all the surrounding country, and he concluded it was time to leave.

Dr. G. P. von Gerichten, '01, is now located in Janesville and seems to have won all the "natives'" hearts.

College Athletics and Longevity.

Enthusiasts in the matter of intercollegiate contests have perhaps been misled by the statistics compiled by Dr. James W. Whiton, an alumnus of Yale of the class of '53, which show that at the end of forty-nine years 46 29 per cent. of that strenuous class are living in good health, and that of the twenty-seven students who took part in the first Yale-Harvard boat race 55.55 per cent. survive. Of the Harvard class of that year only 44.44 per cent survive, but this is a relatively large proportion. The average age of the survivors of these classes cannot be far from seventy years, and the fact that so many are still living is put to the credit of college athletics.

No doubt it should be but the athletics which belonged to college life in 1853 were something very different from those which are the outgrowth of the intense rivalries of recent years. Fifty years ago the ambition of the normal young man was to develop a sound mind in a sound body by plenty of all-around exercise and the avoidance of excesses in either the study or the gymnasium. The Sanitarian, in a discussion of this subject, says: "In the earlier days college athletics had more of nature and spontaneity and

less of science and artificiality. There were no hired trainers, but the boys prepared for their races in a sensible way and did not faint in their boat or go to pieces through nervous strain, or curl up and cry hysterically when beaten. These are the college athletes—although they did not call themselves by that name in the plain old days—who stay on and enjoy life and are good for anything of the weight half a century later."

The judgment of the young men in the matter of what is good for them is of very little value. In many instances the college spirit is so strongly developed that half of those who go into training for intercollegiate events would be glad to win success at the cost of many good years of after life. They might not make this choice deliberately, but so intense are the rivalries engendered and so eager the contestants for the momentary honors of victory that those who are selected to defend the college colors in athletic contests would in every instance take large chances of doing themselves permanent injury rather than suffer defeat. It is very easy to be mistaken as to the benefits of a training which qualifies for one kind of effort. As the rule it is not a body-building process at all, but one of rapid and often irreparable waste, from the effects of which the victim never fully recovers. —New York Times.

Potassium chlorate one grain, and tincture of iron, 10 minims, every two hours, acts splendidly in the treatment of ptyalism.



Book Rotes.

ALL Books reviewed in these columns may be examined by prospective purchasers, at the Jour-NAL Editorial rooms from 10 to 12 daily, within thirty days of the appearance of the review. We invite students to examine these publications. Publishers will please notify us of the net price of all books.

Gynecology; being Vol. IV. of the Year Book Series. E. C. Dudley, M.D., A.M., Editor. The Year Book Publishers, 40 Dearborn Street, Chicago. Price \$1.25.

At monthly intervals these books have appeared and the series will be completed in September. The price of the series is \$7.50, and when one considers the fame and undoubted authority of the several editors the price is extremely moderate. This volume is particularly interesting in so far as it treats of the various plastic operations upon the cervix ateri, vaginal walls and perineum, at greater length than most text books. This volume gives the reader in a condensed form all the recent discoveries, operations and treatments which have been chronicled in the journals at home and abroad. No library is complete without the entire series.

International Medical Annual for 1902. Published by E. B. Treat & Co., New York. Price \$3.00.

If there is any one publication which will enable the general practitioner to keep informed upon the latest results of modern medical research, it is the International Medical Annual. For the past twenty years this work has appeared regularly and year by year improvements have been made and

more careful editing has been manifest. This year we have a book of nearly one thousand closely printed pages giving in terse sentences the best which has appeared in the medical journals during the past year. This matter is so arranged and indexed that it is the matter of a moments time to find any new drug or line of treatment fully described, and all sides of any controversy are given equal representation. At whatever page one opens this book there will be found new ideas and the physician who is so far behind the times that he cannot or will not appropriate them need not be surprised at the success of his younger competitors. It is substantially bound and is the biggest value for the money that we know of. Send for a copy and you will know everything that the other fellow knows, and probably more,

Syphilis. A Symposium by Noted Syhilographers. Published by E. B. Treat & Co., New York. Price \$1.00.

The various papers, talks to general practitioners, and condensed answers to a series of practical questions regarding the communicability and treatment of syphilis, contained in this little volume, appeared originally in a special number of the *International Medical Magazine*.

Since syphilis is now generally admitted to be curable, and the general practitioner is usually the first to handle the case, the chapters on management and treatment will be of particular interest. Never before have we seen such a uniformally good collection

of papers. The printing and paper is the best quality.

First Aid Manual. Published by Johnson & Johnson, New Brunswick, N. J. Price, cloth, 50 cents, paper, 25 cents.

While this book is primarily intended to advertise the various dressings and other products of the J. & J. factory, yet it contains so much matter of practical value that it is deserving of mention to our readers. As a text book in minor surgery and bandaging, it could hardly be improved upon, and we strongly advise its purchase The firm is to be commended for its enterprise and acuteness in publishing such a book, and it will certainly go far towards making their goods even more popular than before.

Manual of Childbed Nursing, with Notes on Infant Feeding—By Chas. Jewett, A.M., M.D., Sc D. Published by E. B. Treat & Co., New York. Price 80 cents.

There are just eighty pages in this little hand book, but it is all meat. It really appears like a collection of notes and no words are wasted. While of value to the profession yet we believe it is more particularly applicable to the young mother. It will tell her all the little things which she wants to know.

Quiz Compend of General Pathology—By Alfred E. Thayer, M.D., Cornell Medical College. Published by F. Blakeston's, Son & Co., 1012 Walnut Street, Phila., Price 80 cents.

Just at this time when our students are preparing for final and State examinations, the publication of this compend is particularly opportune. It will be found of much real worth.

The illustrations are better than those usually found in such low-priced books and the text is sufficient for all practical purposes. The section of tables and statistics will be appreciated by the student. Broadly speaking, we cannot see the necessity of purchasing a larger and more expensive book when all the facts, even to the latest discoveries and methods are given in such a compact and convenient form.

Manual of Clinical Laboratory Methods—By Dr. John B. Nichols. Wm. Wood & Co., Publishers, New York.

This little book gives in a comprehensive manner all the technique in clinical diagnosis. We are especially pleased with the concise and lucid text. The work should become very popular with students, and with practitioners who lack college training in this line of work and may wish to keep abreast of the times.

The "Fake" Medical Pro-Canteen Resolution.

The American Medical Monthly, of Baltimore, thus comments on the pretended action of a few members in the name of the American Medical Association, to a purpose which the Association had declined the day before.

This body (?) of dignified and respectable gentlemen has been made a a tool of by the liquor power, which is putting forth tremendous efforts to have the canteen restored. If the canteen were in the interests of morality and temperance, does anyone suppose

for a moment that the liquor trade would be in its favor?

Under such influence it is to be expected that some army officers will magnify every disturbance into a riot, and guard-houses become filled with men for offences that were formerly overlooked or not reported. Moreover, when reports have appeared showing bad results of the closing of canteens, and have been carefully investigated, the reports have proven groundless.

Let no man think that the canteen is a place of healthful amusement and recreation, that it is connected with a store or reading room. Not once in a score of instances is this true. The canteen is a saloon and nothing else. If any one thinks a soldier can be taught to drink government beer and wine, and will not also go outside for whisky, he doesn't know human nature.

Let the lines be closely drawn and throw aside all subterfuges. All friends of liquor wish the canteen reestablished; therefore, let all friends of temperance and true morality unite to keep the canteen out of the army, and petition Congress to that effect.

Surgical Hints.

In bullet wounds of the head the bullet itself is commonly too small to give symptoms of compression. If the latter exist they point to pressure by hæmorrhage or fractured bones, and an operation is indicated.

Impaction of a foreign body in the cesophagus for more than twelve hours, notwithstanding efforts made to discharge it, must be treated by external

incision at once. It does not matter how mild are the symptoms presented by the patient, severe disturbances are bound to come on soon, especially if, as is nearly always the case, with impacted bodies, it has sharp or pointed edges.

In plastic operations in which a flap is to be removed we must always bear in mind the fact that these flaps will contract, and that for this reason they must be cut at least one-sixth larger than the space to be covered.

In septic compound fractures, the fracture itself must be disregarded at first, although some extension is advisable in order to prevent undue contraction of the muscles. The important thing is to treat the sepsis, and this can never be done successfully unless drainage and counter-drainage are thoroughly attended to.

Experiments have shown that after suture the lumen of the vessel usually becomes gradually occluded. This does not detract from the value of the method. The fact that the circulation of a large bloodvessel is not suddenly stopped, as in ligature, affords time for the development of a collateral circulation, whose gradual advent is an immense advantage as compared with the disturbance following sudden ininterruption.—Int'l Jour. of Surgery.

Diphtheria Antitoxin Impugned.

Adolph Rupp (Med. Record) believes that antitoxin and the philosophy of the scients in its favor as applied to the treatment of diphtheria in human beings is practically a rapidly vanishing possibility. As reason for this statement it has been generally admitted that the diphtheria antitoxin antagonizes only the diphtheria toxin, and that the amount of toxin in a person suffering from diphtheria is an unknown quantity. He also avers that it is now almost generally admitted that the phenomena of diphtheria in the clinical sense are induced by bacteria and their toxins other than the Klebs-Loeffler bacillus; and says also that it is demonstrated that many cases of clinical diphtheria are not specifically Klebs-Loeffler in character, and that a great many Klebs-Loeffler diphtherias are barren of all clinical evidences of diphtheria. Therefore, concludes this writer, antitoxin is practically a remedy of very little utility.

Anti-Germ Theory of Cancer (Senn).

In a recent paper by Senn, of Chicago, it is claimed (Journal of American Medical Association) that carcinoma is due to atypical proliferation of the epithelial cells from the matrix of embryonic cells of congenital or postnatal origin. The histology and histogenesis of carcinoma are against the parasitic origin of the disorder. The stroma of carcinoma consists of preexisting connective tissue fibers and their descendants. The positive results of implantation and inoculation experiments have thus far failed in establishing the parasitic theory and a careful study of the experimental researches and the bacteriologic and histologic investigations do not warrant us at present in claiming a parasitic origin

for carcinoma. Admitting carcinoma to be the product of erratic, planless cell growth, not governed by the influence of the regular normal tissue change, it appears logical to make experiments and observations to find the remedy which will destroy the tumor by causing early and steady degeneration of its parenchyma, or which possesses the property of converting embryonic into mature epithelial cells, thus converting a carcinoma into a benign epithelioma.

Vaccination Vindicated.

Recent exaggerated reports of cases of lockjaw in a New Jersey town alleged to have resulted from vaccination, were so widely circulated that it is well to emphasize the real facts as they are shown in the official report of the Board of Health of that town and reinforced by reports from the State Board of Health and individuals. These show that the stories of impure virus where wholly false. Samples of the virus were purchased for test from fifteen different pharmacies, the persons selling the same having no knowledge that they were to be tested. They were found entirely free from tetanus germs. But the Board did not rest with this test. It examined the history of each of the cases of lockjaw, and found that the vaccination had been done in a correct and cleanly manner, but that the persons vaccinated had not observed proper precautions afterward. It is known that tetanus germs were in the air. A boy with a gunshot wound, in the same neighborhood and

during the same period, was taken with tetanus. And in every case of lockjaw, occurring after vaccination, the vesicle had been broken open, allowing access of air and dirt and whatever germs were in them. There was other evidence confirmatory of this view that the lockjaw resulted from carelessness after vaccination, and not from the materials used in the operation. limits within which tetanus occurs after vaccination are five and nine days. In each of these cases in New Jersey the tetinus occurred more than three weeks after vaccination. More than half a million of Philadelphians were vaccinated at the same time with the same makes of virus, and not a single case of lockjaw resulted. And the virus was tested on various animals most susceptible to tetanus, and not a case developed.

These tests prove conclusively that vaccination in itself is harmless, but they make necessary a word of caution to those who have been vaccinated. The inclination to scratch and break the vaccine vesicle should be resisted. The vesicle should be carefully guarded from injury. When it is broken open, like any other open sore, it is liable to infection from tetanus germs which may be in the air. It is recommended by authorities that especial care in this respect be taken by persons handling horses, as the tenanus germs have a great fondness for those animals. And the same precautions should be observed by persons suffering from other wounds.

The anti-vaccinationists have attempted to make capital out of the

Jersey lockjaw stories, and will no doubt continue to do so; but evidence as to the efficacy of Dr. Jenner's discovery multiplies. We have called attention to the reports from Boston and Philadelphia, which show that practically all the victims of small-pox in those cities are numbered among the persons who have not been vaccinated in the past two or three years. We have recited the experience of Germany, where vaccination is rigidly insisted upon, compared with that of countries in which there is greater laxity as to vaccination, or in which the anti-vaccinationists hold more or less sway. The reports of the Porto Rico Board of Health show some remarkable facts. There was a general vaccination completed on that island on June 30, 1899, 860,000 persons being vaccinated. In the two years succeeding that date but three deaths from small-pox have occurred. The average for the ten previous years was 621. These facts speak for themselves.— Editorial in Baltimore Evening News, Feb. 18, 1902.

Twelve hundred American typewriters have been ordered by the Austrian ministry of justice. Machines, of course, not girls.

Enterprising Druggist—"Here's a card, madam. Each time you buy something I'll punch it. When \$2 are punched you get five soda water tickets free."

Madam—"That's a fine idea. I'll take \$2 worth of postage stamps now."
—Judge.

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Some Obstinate Bladder Cases. GEORGE W. HOPKINS, M.D., CLEVELAND, O.

John C., age 31; occupation, patrolman; following exposure, patient experienced bladder symptoms as follows:

Frequent urination, tenesmus, hypogasric pain and a temperature of 101.4 degrees. The urine was scanty, turbid and loaded with mucous.

Diagnosis: Acute Cystitis.

Treatment consisted of rest in bed, restricted diet, anodynes for the tenesmus, diluent and alkaline drinks.

Irrigations with boric acid solutions of varying strength proved unsatisfactory, as did also solutions of potassium permanganate and silver nitrate solutions similarly applied.

A twenty per cent solution of glyco thymoline was then substituted for irrigation, and the imp ovement was marked and continuous until recovery was perfect.

Harry R., age 43. Occupation, book-keeper; had a history of bladder troubte of several years duration. His urine was blood tinged and loaded with mucous. Microscopic examination revealed an abundance of ammonia, magnesium phosphates, numerous disintegrating pus corpuscles, blood corpuscles and blood shadows.

Repeated examination with the sound gave negative results, but a skiograph taken with a high vacuum hard tube, revealed a small calculus which had persistently evaded the sound in previous examinations.

Lithotomy was performed and the calculus removed, but the urine failed to return to normal.

Irrigation in turn with boric acid, potassium permanganate and silver nitrate solutions, proved unsatisfactory. Glyco thymoline irrigations proved satisfactory from the start and recovery was ultimately perfect.

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Indicated in all conditions requiring an efficient nerve, blood and muscle-building tonic.

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If your druggist is not supplied sample bottle will be sent on receipt of thirty cents to prepay expressage.

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The caecum and appendix should be viewed as an ancient stomach, the rudiment of a fading organ possessing the misfortune of all remnants, viz.;

The inability of its cells to resist trauma and invading microbes.

The trauma of the psoas muscle is the chief cause for appendicitis.

The subject is liable to appendicitis when under excessive muscular activity if the appendix happens to contain virulent microbes.

Woman suffers less from appendicitis than man, because her appendix does not lie as frequently within the range of psoas action, muscular trauma, as does the appendix of man.

Any segment bowel, caecum, colon or enteron which lies within the range of action of the psoas muscular trauma, suffers exactly the same damage as

that of the appendix, but the cells of the appendix being atrophic, rudimentary, non-vital and non-resisting to trauma and infection, are enable to struggle and battle again life's invading forces. — Byron Robinson, M. D. The Cleveland Medical Gazette.

After prescribing Pepto-Mangan (Gude) for a number of years I have become convinced that this preparation is the best and most reliable chalybeate. Even in conditions of complete exhaustion of the digestive functions it may be employed with constant success, and is much relished. Hence it is my custom to order only this preparation, and to recommend it where ever indicated.

Dr. Trainer.

Freiendiez b Diez af D. Lahn, Aug. 1901.



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Fracture Suggestions.

Never apply a plaster splint to a compound fracture.

Treat the lacerations and contusions antiseptically.

The bandage is so applied that while holding the bones, it does not cover the laceration.

It is a good rule to unbandage a fractured limb every two to five days, particularly a compound fracture; then wash and rub the limb thoroughly.

Ununited fracture comes more frequently from circulatory stasis than from movements of the fractured ends; then do not be so dreadfully afraid of possibly breaking adhesions when the splint is carefully removed.

A little massage will quickly compensate for a trifle of disturbance of the fractured ends. If pus should form, use calcium sulphide and echinacea, or icthyol; keep bowels free and apply H² O², icthyol, etc., locally.

Every traumatism has its medical as well as surgical aspect; that's what's the matter with the man of one idea; the surgeon.

Above all, call frequently upon your fracture cases; and if they want the dressings or splints altered try to oblige them, for that is what they pay you for.—Boynton, in *Medical Journal*.

"Cordial Cod Liver Oil Comp. (Hagee) is not a new remedy to me, as I have been prescribing it for some time. I have found it to be superior to all other remedies in catarrh of the stomach, for which trouble I believe it to be specific." T. J. Pugh, M.D.

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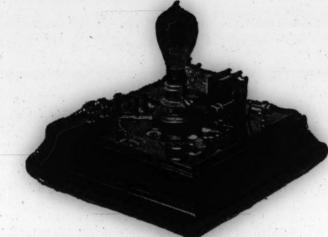
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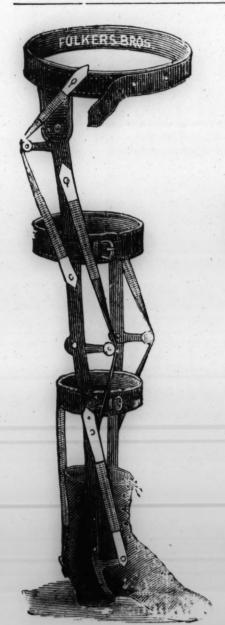
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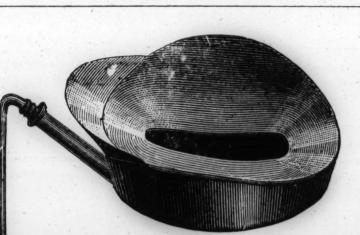
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Infection by the Urine in Convalescence from Typhoid.

In the British Medical Journal, November 24, 1901 Dr. Walker published an article on the danger of the urine of persons convalescent from typhoid fever. He cited a very interesting account of an outbreak in a locality where it had not occurred before, following the return of a soldier who had been stricken with typhoid in South Africa. In the issue of the same journal for July 13, 1901, Dr. T. Clifford Allbutt had narrated the history of an epidemic in an isolated community, which, at the time of its occurrence, he attributed to contamination of water supply by the fæces of a patient who had recently had typhoid. However, in view of what had been recently written on this subject he thinks it far more likely that the urine is more frequent source of danger. Considering the results of bacterial examinations made for him, he is satisfied that typhoid bacilli do not survive in the stools long into convalescence, even if until that period.

He accepts the statement of Horton-Smith and others that typhoid bacilli are excreted in large numbers in the urine until convalescence is far advanced.

From these considerations arises the necessity of rendering the urine sterile; otherwise each patient must be made to fully appreciate that he is a menace to the community so long as he continues to scatter his urine carelessly about without dis nfecting it.

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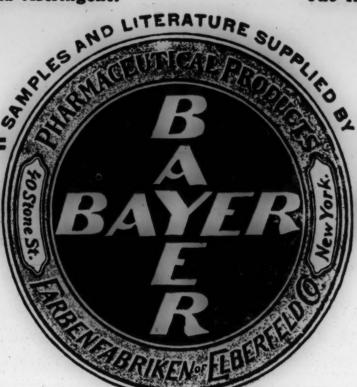
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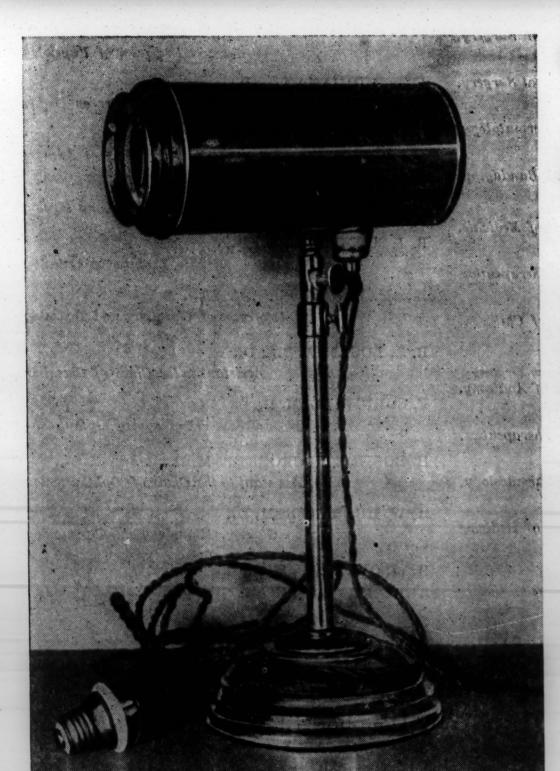
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A case was recently tried in a Detroit court the testimony in which is convincing proof of the fact that substitution of a dangerous kind is only too prevalent, and that, moreover, those engaged in the practice on a large scale are reckless and careless to a degree difficult to conceive of. One employee of the person on trial testified that he did not know what the substance was which he was putting up in bottles, did not know which labels he should put on—all were powders—and that no one told him! The books of this gang of counterfeiters are said to show that their counterfeit goods have been sold to thousands of druggists all over the country. therefore behooves the prescriber to make sure that his prescriptions are

filled as written. When any doubt of this is felt, a sample of the medicine dispensed should be sent either to some analytical chemist or to some manufacturer, for examination as to its purity and strength.—Editorial, New York Medical Journal, December 21, 1901.

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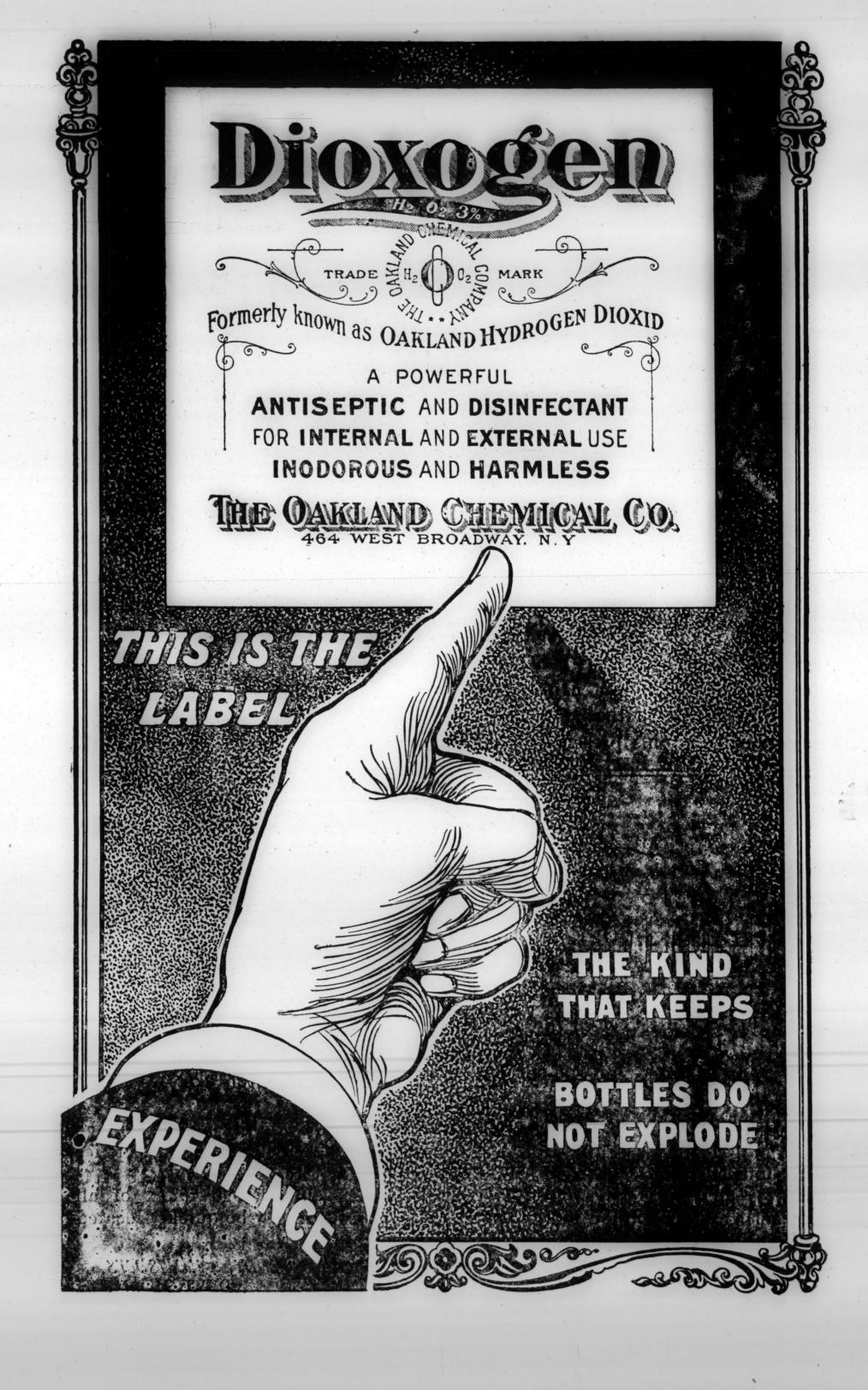
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